MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

6925-026206

DEP	ARTA	MEM	. •		BLIC	HEALTH AND WE	LFARED TO		1 ስለን:	2	6925	STATE FI	LE NUMBER
DO NOT WRITE		AME	NDE	D	LR	egistration District No		nary Registration Dis	trict No. LUU	Registrar's No.			LL HOMBER
ON THIS STUB					FI	LED JULI :	2 1963			2 USUAL BESIDEN	CE (Where doces	and lived If jouriers	tion: Residence before
vs 300	le	اد		1	Ι,	a. COUNTY				a. STATE Miss			admission)
Rev. 4/59	AMENDED	3			I	b. CITY (If outside cor	porate limits, give TOWNS	SHIP only) Le	ngth of stay in 1b	c. City			Inside Limits
		į				OR TOWN	St. Louis	,,		TOWN St.	Louis		Yes M No 🗆
1		- 1			l —	c. FULL NAME OF (If I	NOT in hospital, give locat		Inside Limits	d. STREET ADDRESS		utside, give location)	
						HOSPITAL OR	Homer G.		Yes ⊈ No □	ADDRESS 5.24		rilliante	Yes No 💆
² 국 🛭		_	Ш		I =							TITTIONICE	1.02 0 1.00 0
3	<u> </u>	-	-	- 1	3	. NAME OF DECEASED (Type or print)	First	Mide		_Last	4. DATE OF	Month 6	30 63
			i I	- 1	l		Lula		ae	Morris	DEATH	_	•
			1 1		5	. SEX	6. COLOR OR RACE	7. Married 🗌 Widowed 🗀	Never Married Divorced		-		YEAR IF UNDER 24 HR
5 <i>3</i>			1		l	Fem.	Negro			· tar Jos Tol	<u> </u>		
	اي				30	 USUAL OCCUPATION _during most of working 	(Give kind of work done of life, even if retired)	1	INESS OR INDUSTR		•		N OF WHAT COUNTRY
<u> </u>	MOII				! _	None		None		Shannon, M		: - I	. S. A.
7 /	ğΙ		1		13	a. FATHER'S NAME			IER'S MAIDEN NAM			ME OF HUSBAND OR	WIFE
8 /	₽	-		- 1	Í _	Walker Mor	ris	Melis	sse Ellis		Nor		<u> </u>
<u> </u>	SS						IN U.S. ARMED FORCES? yes, give war or dates of :	servi		17. INFORMANT		Address	
9	ᇣᅵ				I _	į.			1 (2)	Murel Murel M	<u>forris 45</u>	588 Aldine	INTERVAL BETWEEN
10	AR			z		PART !.	(Enter only one cause per DEATH WAS CAUSED BY:	line for (a), (b), and	ı (<i>c</i>).		C	Embol4	ONSET AND DEATH
	요		l l	×			IMMEDIATE CAUSE (a))	P	ulmonary In	rarctions	Liibott	Olide C+
11	IMMEDIATE CAUSE (a) O O O O O O O O O O O O O O O O O O O												
	ယ္ကျင္) [l	18					· A.		ocie		1
17777		3		DOCUMENT			ns, if any, DUE TO (b	o)	A:	rterioscler	osis		
1277-0	က ^{ြာ}			000		which ga above o	sve rise to cause (a), })					
1277-0	THIS			- -		which ga above of stating t lying ca	eve rise to cause (a), he under- ause last. DUE TO (d	c)		ypertension	•		
1277-0	က ^{ြာ}			- -	NO	which ga above of stating t lying ca	ove rise to hause (a), he under he under hause last. DUE TO (control of the control of the contr	ONDITIONS CONTR		ypertension	•	PART III. If decearthere a p	used was female wa
13	ON THIS			- -	ATION	which ga above of stating t lying ca	eve rise to cause (a), he under- ause last. DUE TO (d	ONDITIONS CONTR		ypertension	•	PART III. If decearthere a p	regnancy in last 90 days
13	ON THIS			<u> </u>	CAT	which go above stating t lying co PART II.	ove rise to a cause (a), he under- ause last. DUE TO (control of the control of t	ONDITIONS CONTR	HENTING TO DEAT	ypertension	the terminal	there a p	regnancy in last 90 days
13	ON THIS) - -	CAT	which go above containing a lying compared by the part II. 19. WAS AUTOPSY PERFORMED?	ove rise to hause (a), he under he under hause last. DUE TO (control of the control of the contr	ONDITIONS CONTR	HENTING TO DEAT	ypertension H but not related to	the terminal	there a p	regnancy in last 90 days
13	ON THIS			000	AL CERTIFICATION	which ge above c stating t lying ca PART II.	ove rise to lasse (a), he under-suse last. DUE TO (control of the condition given in the condition given	ONDITIONS CONTR	HENTING TO DEAT	ypertension H but not related to	the terminal	there a p	regnancy in last 90 days
77	THIS			000	CAT	which ge above control of the stating of lying control of the stating of lying control of the stating of lying control of the stating of the	ove rise to have rise to have rise to have rise to have rise last. Due to disease condition given in the rise rise rise rise rise rise rise ris	ONDITIONS CONTR	HENTING TO DEAT	ypertension H but not related to	the terminal	there a p	regnancy in last 90 days
77	ON THIS			000	ICAL CERTIFICAT	which ge above containing a lying containing a lying containing a lying containing conta	Anonth, Day, Year	E HOMICIDE	HORIBUTING TO DEAT	ypertension H but not related to 4 W INJURY OCCURRED.	the terminal 444X (Enter nature of	there a p	regnancy in last 90 days
77	ON THIS			000	ICAL CERTIFICAT	which ge above control of the stating of lying control of lying c	Accident Succident Suicibe (a), he under- suse (a), he under- suse last. Due to (c) OTHER SIGNIFICANT Co disease condition given in 20s. ACCIDENT SUICID Month, Day, Year D 20s. PLACE farm, 6	E HOMICIDE	HORIBUTING TO DEAT	ypertension H but not related to	the terminal 444X (Enter nature of	there a p	regnancy in last 90 days XNo Unknow ART II of item 18.)
13 17 NO RIBBON	AMENDMENTS ON THIS	-	,	000	ICAL CERTIFICAT	which ge above control of the stating of lying control of the stating of th	Accident Suicibility OTHER SIGNIFICANT Codisease condition given in the suicibility of t	CONDITIONS CONTRING PART I (a) E HOMICIDE OF INJURY (e.g., in factory, street, office	20b. DESCRIBE HO	ypertension H but not related to W INJURY OCCURRED.	the terminal CHYX (Enter nature of I	injury in PART 1 or P/	regnancy in last 90 days \(\mathbb{O} \mathbb{N} \to \mathbb{O} \to \text{Unknow} \) ART II of item 18.)
13 17 NO RIBBON	AMENDMENTS ON THIS			000	ICAL CERTIFICAT	Which go above control of the stating of lying control of the stating of th	Accident Suicibility OTHER SIGNIFICANT Codisease condition given in the suicibility of t	E HOMICIDE	20b. DESCRIBE HO	ypertension H but not related to 4 W INJURY OCCURRED. 20f. CITY, TOWN, OR -30-63	the terminal LOCATION LOCATION	county	regnancy in last 90 days No
13 17 NO RIBBON	AMENDMENTS ON THIS		,	000	ICAL CERTIFICAT	which ge above control of the stating of lying control of the stating of th	America (a), he under- cause (ONDITIONS CONTRINE PART I (a) E HOMICIDE OF INJURY (e.g., in lactory, street, office) 24-63 4:00	20b. DESCRIBE HO	ypertension H but not related to W INJURY OCCURRED. 20f. CITY, TOWN, OR -30-63 and and date stated above, a	the terminal LOCATION LOCATION	county	regnancy in last 90 days No
13 17 NO RIBBON	AMENDMENTS ON THIS		,	OF 600	ICAL CERTIFICAT	which age above control of the stating of lying control of lying cont	America (a), he under- cause (ONDITIONS CONTRINE PART I (a) E HOMICIDE OF INJURY (e.g., in lactory, street, office	20b. DESCRIBE HO	ypertension H but not related to W INJURY OCCURRED. 20f. CITY, TOWN, OR -30-63 and the date stated above, a	the terminal (Enter nature of I LOCATION I last saw the alivered of the best of	county	regnancy in last 90 days No
BLACK INK OR OR RITER RIBBON	AMENDMENTS ON THIS		,	OF OF	MEDICAL CERTIFICAT	which are above to stating the stating of the stati	Accident Suiciber Suiciber Suiciber Significant Codisease condition given in Month, Day, Year D 20e. ACCIDENT Suiciber	ONDITIONS CONTRINE PART I (a) E HOMICIDE OF INJURY (e.g., in factory, street, office 4 100	20b. DESCRIBE HO	ypertension H but not related to W INJURY OCCURRED. 20f. CITY, TOWN, OR -30-63 and and date stated above, a 22b. ADDRESS 2601 N.	LOCATION I last saw har alive and to the best of	county con 6-30-63	regnancy in last 90 days \(\mathbb{N} \) Unknow ART II of item 18.) STATE the causes stated. 22c. DATE SIGNE 7 = 2 = 6.3
13 17 NO RIBBON	AMENDAENTS ON THIS SHOULD BEAD	2007	,	AVIT OF	MEDICAL CERTIFICAT	which as above control which as above control with the state of the st	Accident Succident Suiciber (a), he undersuse (a), he undersuse last. Due to (a) OTHER SIGNIFICANT Codisease condition given is 20s. ACCIDENT SUICID Month, Day, Year Due PLACE farm, in the seased from 6 (Degument of the success of the su	ONDITIONS CONTRIN PART I (a) E HOMICIDE OF INJURY (e.g., ir lactory, street, office 24-63 4 3 00 Irea or title)	20b. DESCRIBE HO 20b. DESCRIBE HO n or about home, bldg., etc.) 6 P n on th	ypertension H but not related to W INJURY OCCURRED. 20f. CITY, TOWN, OR 30-63 and and date stated above, a 22b. ADDRESS 2601 N.	the terminal LOCATION LOCATION LOCATION LOCATION Mhittier 3d. LOCATION (C	COUNTY con 6-30-63 my knowledge, from	regnancy in lest 90 days \(\mathbb{N} \) Unknow ART II of item 18.) STATE the causes stated. 22c. DATE SIGNE 7-2-63 (State)
13 17 NO RIBBON	AMENDMENTS ON THIS NO 1 SHOULD BEAD			AVIT OF	MEDICAL CERTIFICAT	which as above control of the stating of lying control of lying	Accident Suicible (a), he under- suse (a), he under- suse last. DUE TO (c) OTHER SIGNIFICANT Co disease condition given in 20s. ACCIDENT SUICID Month, Day, Year ORK 20s. PLACE farm, 1 Lessed from 6 (Deg	ONDITIONS CONTRIN PART I (a) E HOMICIDE OF INJURY (e.g., irrest, office) 24-63 4:00 Greenw	20b. DESCRIBE HO 20b. DESCRIBE HO n or about home, bldg., etc.) to	ypertension H but not related to W INJURY OCCURRED. 20f. CITY, TOWN, OR -30-63 and and date stated above, a 22b. ADDRESS 2601 Ne	LOCATION I last saw Mark alive and to the best of Whittier 3d. LOCATION (C. St. Lo.)	county con 6-30-63 my knowledge, from City, town, or county)	regnancy in last 90 days \(\mathbb{N} \) Unknow ART II of item 18.) STATE the causes stated. 22c. DATE SIGNE 7 = 2 = 6.3
13 17 NO RIBBON	AMENDAENTS ON THIS SHOULD BEAD			VIT OF	MEDICAL CERTIFICAT	which as above control with the stating of lying control of the state	Accident Suicible (a), he under- suse (a), he under- suse last. DUE TO (c) OTHER SIGNIFICANT Co disease condition given in 20s. ACCIDENT SUICID Month, Day, Year ORK 20s. PLACE farm, 1 Lessed from 6 (Deg	CONDITIONS CONTRIBUTIONS CONTRIBUTIONS E HOMICIDE OF INJURY (e.g., in lactory, street, office contributions) 24-63 4:00 Greenworks	20b. DESCRIBE HO 20b. DESCRIBE HO n or about home, bldg., etc.) CEMETERY OR CRI 20d. Cemete	ypertension H but not related to W INJURY OCCURRED. 20f. CITY, TOWN, OR 30-63 and and date stated above, a 22b. ADDRESS 2601 N.	LOCATION I last saw Mark alive and to the best of Whittier 3d. LOCATION (C. St. Lo.)	county con 6-30-63 my knowledge, from City, town, or county) uis County RAR'S IGNALARE	regnancy in last 90 days No

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St. Louis

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SECTION STATEMENT BY LICENSED EMBALMER

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or by_					 	, Student Embalmer No	
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workin	a under my ners	onal supervision	,				

I hereby certify that the hody whose name is recorded on the reverse side of this certificate was embalmed by me

Student

Licensed Embalmer No._

5 3-62 - A IIX

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting:

If this body is not embalmed, fact should be so stated above.

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